10449

10450

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) FROSTBURG
LENGTH OF STAY (in this place) 2-weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNA. COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) MEYERSDALE 75X-3
STREET ADDRESS (If rural, give location) RD #3

3. NAME OF DECEASED (Type or Print) (First) ELLEN (Middle) BROWN (Last) BAER
4. DATE OF DEATH (Month) NOV. (Day) 26 (Year) 1954
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Oct. 2-1869
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) SOMERSET-Co. PENNA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOSEPH-BROWN
14. MOTHER'S MAIDEN NAME MARY-ALBRIGHT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS Charles A Baer, MEYERSDALE, PA RD#3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Myocardial failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1954, to Nov 26, 1954, that I last saw the deceased alive on Nov 24, 1954, and that death occurred at 4:40 P m., from the causes and on the date stated above.

SIGNATURE John A Whitehill, Jr. (Degree or title) ADDRESS Salisbury, Pa DATE SIGNED Nov 27, 1954

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF Nov. 29-1954
NAME OF CEMETERY OR ~~CREMATORY~~ GREENVILLE-CEMETERY
LOCATION (City, town, or county) MEYERSDALE, RD#3-SOMERSET-Co. (State) Pa.
DATE REC'D BY LOCAL REG. Nov-28/54
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Stanley M Thomas, ADDRESS Salisbury Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10450

CERTIFICATE OF DEATH

11527

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deer Park
LENGTH OF STAY (in this place) 69 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deer Park,
STREET ADDRESS (If rural give location) -----

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Louise x Howell (Last) Bateman

4. DATE OF DEATH: (Month) Nov. (Day) 26, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 7, 1885

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josephus Howell

14. MOTHER'S MAIDEN NAME: Maggie Beckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Hugh Bateman Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Malnutrition — Interval Between Onset And Death: 4 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cerebral Vascular Accident, Left — 1 YR.

DUE TO (c) Sclerotic Heart Disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic - Depressive Reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1949, to 11-8, 1954, that I last saw the deceased alive on 11-8, 1954, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Fearth Jr. M.D. 58 2nd St Oakland, Md 11-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/29/1954

NAME OF CEMETERY OR CREMATORY North Glade Cemetery

LOCATION (City, town, or county) (State) near Swanton, Md.

DATE REC'D BY LOCAL REGISTRAR 11/28/1954

REGISTRAR'S SIGNATURE Julia Rowan LR

24. FUNERAL DIRECTOR Herbert C. Leighton

ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10451

10451 CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident

LENGTH OF STAY (in this place) 10 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Henry (Last) Beitzel

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 10.1872

9. AGE last birthday: 82 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Was owner

11. BIRTHPLACE (State or foreign country): Bittinger Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Beitzel

14. MOTHER'S MAIDEN NAME: Mary Shoemaker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Ida Beitzel. Accident Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4.2.0.0

Immediate cause (a) Myocardial failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) Generalized arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954, to Nov, 1954, that I last saw the deceased alive on Oct 1, 1954, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Whitehill, Jr MD. ADDRESS Salisbury, Pa. DATE SIGNED 11-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-19-1954 — NAME OF CEMETERY OR CREMATORY Accident — LOCATION (City, town, or county) (State) Accident Md

DATE REC'D BY LOCAL REGISTRAR 11-19-1954 — REGISTRAR'S SIGNATURE Esther Broadwater

24. FUNERAL DIRECTOR Wm Winebrenner — ADDRESS Grantsville Md

RECEIVED
NOV 22 1954
BUREAU V. S.

10452

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10452 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT. MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND. LENGTH OF STAY (in this place) 7 MONTHS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EFFIE (Middle) ELEANOR (Last) ENLOW BOWMAN.
4. DATE OF DEATH: (Month) NOV. (Day) 9 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JUNE.-28-1880
9. AGE last birthday: 74. yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): OAKLAND. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DAVID J. ENLOW.
14. MOTHER'S MAIDEN NAME: LAVINIA WILKINS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: DAVID BOWMAN. GRELLIN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

DUE TO

Antecedent cause(s) (b) Arteriosclerotic cardiovascular

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) disease — 2 yrs or more

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — "

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Jan, 1953, to Nov 9, 1954, that I last saw the deceased alive on Nov 1, 1954, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE Thomas J Lusby M. D. (DEGREE OR TITLE) ADDRESS Oakland, Md DATE SIGNED Nov 10, 1954

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF NOV-12-1954 NAME OF CEMETERY OR CREMATORY OAKLAND. LOCATION (City, town, or county) OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. Nov 17/54 REGISTRAR'S SIGNATURE Julia A. Lowan LR 24. FUNERAL DIRECTOR Emrap Baldwin Oakland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV. 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10453 **CERTIFICATE OF DEATH** Reg. Dist. No. 104746

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Wilson, W. Va) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Wilson, W. Va.)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Dora (Middle) Catherine Whetsel (Last) Cullers

4. DATE OF DEATH: (Month) Nov. (Day) 11, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 22, 1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Whetsel
14. MOTHER'S MAIDEN NAME: Mary Combs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Virginia Barnes, Long Beach, Calif.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Chronic Myocarditis and Myocardial

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 422.1	(a) Degeneration Not Specified as Rheumatic	3 Years
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (260x)	(b) Arterio-sclerosis	5 Years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 3 Years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1949, to Nov. 11, 1954, that I last saw the deceased alive on Nov. 4, 1954, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE Paul R. Wilson (DEGREE OR TITLE) M.D. ADDRESS Piedmont, W. Va. DATE SIGNED Nov. 12, 1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 13, 1954
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Wilson, W. Va (Rural)

DATE REC'D BY LOCAL REG. Nov. 13/54
REGISTRAR'S SIGNATURE Julia A Rowan LR
24. FUNERAL DIRECTOR Wayne C. Spiggle — ADDRESS Davis, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 30 1934
BUREAU V. S.

MARYLAND 10454

10455

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY (In this place) 1½yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Elk Garden
STREET ADDRESS (If rural, give location) Number Six

3. NAME OF DECEASED (Type or Print) (First) LULA (Middle) MARIE (Last) DIXON
4. DATE OF DEATH (Month) NOV. (Day) 16, (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 5,1877
9. AGE last birthday 77 yrs. If under 1 year: Months 4 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Cross, Mineral Co. W.Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME George Barrick
14. MOTHER'S MAIDEN NAME Nannie Winston Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Elizabeth Ridder, Kitzmiller, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Massive cerebral hemorrhage with

Antecedent cause(s) (b) st sided paralysis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs. / 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1950, to Nov. 16, 1954, that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 6:30P.m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Kitzmiller Md DATE SIGNED Nov. 18 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov. 19, 1954
NAME OF CEMETERY OR CREMATORY Nethken Hill Cemetery
LOCATION (City, town, or county) (State) Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. 11/16/54
REGISTRAR'S SIGNATURE [illegible] Barrick
24. FUNERAL DIRECTOR Otha F. Sharpless, ADDRESS Blaine, W.Va.

MARGIN RESERVED FOR BINDING

10455 MARYLAND STATE DEPARTMENT OF HEALTH 10456

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident
LENGTH OF STAY (in this place) 2 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Victor (Middle) Lee (Last) Durst
4. DATE OF DEATH (Month) Nov (Day) 6 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb-18-1909
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Garett Co Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Richard Durst
14. MOTHER'S MAIDEN NAME Nellie Speicher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-12-8468
17. INFORMANT AND ADDRESS Richard Durst. Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Infarct — Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. INTERVAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE [signature] (Degree or title) Bannyartner M D ADDRESS Oakland Md DATE SIGNED 11/8/54

DISPOSITION (Specify) Butial DATE THEREOF 11-8-1954 NAME OF CEMETERY OR CREMATORY Durst Cemetary LOCATION (City, town, or county) (State) Rural Grantsville Md

DATE FILED BY LOCAL REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10456

11534

CERTIFICATE OF DEATH

Reg. Dist. No. 126

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Accident
STREET ADDRESS (If rural give location) 4 Mi. North Accident, Md.

3. NAME OF DECEASED: (Type or Print) (First) Noah (Middle) (Last) Fazenbaker

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 23, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12/28/1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired. Woods Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cutting Timber

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fazenbaker

14. MOTHER'S MAIDEN NAME: Susie Bittinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles Fazenbaker Accident, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary occlusion	24 hrs.
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Coronary Heart Disease	1 yr.
	DUE TO (c) Arteriosclerosis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 nov., 1954, to 23 nov., 1954, that I last saw the deceased alive on 23 nov., 1954, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Maine MD ADDRESS Oakland Md DATE SIGNED 26 Nov 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/26/1954

NAME OF CEMETERY OR CREMATORY Bethseda Church Cem.

LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 11/23/54

REGISTRAR'S SIGNATURE Julia Rowan L.R.

24. FUNERAL DIRECTOR Herbert C. Leighton

ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

10457 MARYLAND STATE DEPARTMENT OF HEALTH 11535

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (In this place) none
HOSPITAL OR INSTITUTION OR STREET ADDRESS was pronounced dead upon arrival at Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Fellowsville
STREET ADDRESS (If rural, give location) one mile from Fellowsville

3. NAME OF DECEASED (Type or Print) (First) Ezra (Middle) C. (Last) Ford
4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov. 25, 1882
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY for others
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lewis G. Ford
14. MOTHER'S MAIDEN NAME Caroline Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. --------
17. INFORMANT AND ADDRESS Henry Ford Corrangville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4 d0.1
Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: Ins Nut
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. F. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 11/26/54

CREMATION (Authority) Burial
DATE THEREOF 11/30/1954
NAME OF CEMETERY OR CREMATORY Ford Cemetery, near Corrangville, Allegeny Co., Md.
LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 11/29/1954 Alice A. Rowan L R
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

10457

10458

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) R.D. # 2

3. NAME OF DECEASED (Type or Print)	(First) Lucy	(Middle) Catherine (Pase)	(Last) FORD	4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1954 19
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Dec. 20, 1888	9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tucker Co., W.Va.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Pase		14. MOTHER'S MAIDEN NAME Margaret Ann Mullenax		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mr. George M. Ford, R.D.2 Oakland, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
4" Oil Immediate cause	(a) Acute Myocardial Infarction	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c) Obesity	10 y.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1953, to 8-19, 1953, that I last saw the deceased alive on 8-19, 1953, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman H. Pearlin Jr	M.D	58 2nd St. Oakland, Md	11-5-54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/7/54	Rose Hill Cem.	Thomas, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NW 6/54	Julia A Howan LR	J. D. Duncan	Thomas, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. S.

10459

MARYLAND STATE DEPARTMENT OF HEALTH

10459

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 12 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEMPTON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Strabolich) (Last) KUSKI
4. DATE OF DEATH: (Month) NOVEMBER (Day) 15, (Year) 1954
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: 7-3-1893
9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): LITHUANIA (FOREIGN)
12. CITIZEN OF WHAT COUNTRY? LITHUANIA
13. FATHER'S NAME: STRABOLICH, JOSEPH
14. MOTHER'S MAIDEN NAME: STRABOLICH, MARY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) NO
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. WALTER TUREK, KEMPTON, W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 12 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cerebro-Vascular Disease — 6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Nov, 1954, to 15 Nov, 1954, that I last saw the deceased alive on 15 Nov, 1954, and that death occurred at 5:20 A.m., from the causes and on the date stated above.

SIGNATURE: A E Mance (Degree or title) MD — ADDRESS: Oakland Md — DATE SIGNED: 15 Nov 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov. 18, 1954
NAME OF CEMETERY OR CREMATORY: Catholic Cem.
LOCATION (City, town, or county) (State): Thomas, West Va.

DATE REC'D BY LOCAL REG.: Nov 18/54
REGISTRAR'S SIGNATURE: Julia A Rowan LR
24. FUNERAL DIRECTOR: J. A. Duncan
ADDRESS: Thomas, W. Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10461

10460 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHRISTENA (Middle) (Blamble) (Last) MURPHY.

4. DATE OF DEATH: (Month) NOV. (Day) 13 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JAN.-8-1874

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WILSON W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN BLAMBLE.

14. MOTHER'S MAIDEN NAME: CHRISTENA KNEPP.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: 3650 PERRYSVILLE AVE. MRS MARIE EDMISTON. PITTSBURGH. PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart Failure DUE TO — Interval Between Onset and Death: 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death: Untreated Fracture Left Femur

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1953, to Nov ..., 1954, that I last saw the deceased alive on Nov. 12, 1954, and that death occurred at 8:55 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Geo. Adam Garber M D Oakland Md 11/15/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF Nov.-16-1954

NAME OF CEMETERY OR CREMATORY OAKLAND.

LOCATION (City, town, or county) (State) OAKLAND. MD.

DATE REC'D BY LOCAL REG. 11-15-1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Emory Bolden ADDRESS Oakland Md

LAR

RECEIVED
NOV 1954
BUREAU V. S.

10462

10461

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Item 9, Film 174 12-14-54 e

Reg. Dist. No. 02

1. PLACE OF DEATH: COUNTY Garrett County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Grantsville
LENGTH OF STAY (In this place) Auto Wreck
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Leckrone, Fayette, COUNTY Penna.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN German Twp.
STREET ADDRESS (If rural, give location) House #60

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) (Last) Nichols
4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 1954
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 12-10-1907
9. AGE last birthday 47 40 yrs. If under 1 year Months Days If under 24 hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Scotsburg Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Guy Tusk
14. MOTHER'S MAIDEN NAME Menerva Ann Paskin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 177-24-1315
17. INFORMANT AND ADDRESS Sanford E. Stephens. Uniontown Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Depressed Fracture Right Temporal Bone — INTERVAL BETWEEN ONSET AND DEATH 1/2 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) Shock

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Route 40 near Grantsville (CITY OR TOWN) (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 27-1954 3 p.m.
INJURY OCCURRED Wine at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Driver lost control car

22. I certify that I took charge of the remains described above held an Autopsy, Inspection, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes, accident, suicide, homicide, undetermined.

SIGNATURE E. J. Baum Jas Tues MD (Degree or title) ADDRESS Darbrudtne DATE SIGNED 11/27/54

CREMATION (Specify) Burial
DATE THEREOF Nov 30-1954
NAME OF CEMETERY OR CREMATORY Edenborn Community
LOCATION (City, town, or county) (State) McClellandtown, Fayette, Pa.

DATE RECD BY LOCAL Nov 28-54
REGISTRAR'S SIGNATURE Lee Broadwater
24. FUNERAL DIRECTOR Sanford E. Stephens, Uniontown, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

ASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10463

10462

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) TRUMAN (Last) O'BRIEN

4. DATE OF DEATH: (Month) NOV. (Day) 20 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MARCH-1-1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ACCIDENT MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: DANIEL O'BRIEN.

14. MOTHER'S MAIDEN NAME: MARY PRITTS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: NORA O'BRIEN. CUYAHOGA FALLS. OHIO.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.1

Immediate cause (a) Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

DUE TO

Antecedent cause(s) (b) Gangrene left foot — 2 WBSTs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Arterio sclerosis (Severe) — 10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV., 1953, to NOV., 1954, that I last saw the deceased alive on 16 NOV., 1954, and that death occurred at 1:25 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

A. E. Marcee MD Oakland Md 22 November 1954

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: NOV. 22, 1954

NAME OF CEMETERY OR CREMATORY: BITTINGER

LOCATION (City, town, or county) (State): BITTINGER. MD.

DATE REC'D BY LOCAL REG.: 11/22/54

REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emroy Bolden

ADDRESS: OAKLAND. MD.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10463

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10464

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK, MARYLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) MAY (Haskell) (Last) PAUGH

4. DATE OF DEATH (Month) 11 (Day) 9 (Year) 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 8-5-1891
9. AGE last birthday 63 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME HASKELL, CHARLES
14. MOTHER'S MAIDEN NAME WOLFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MURRAY EDWARD PAUGH, MT. LAKE PARK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X

Immediate cause (a) Broncho-pneumonia Terminal — 2 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 4 Days

(c) Cerebral Arteriosclerosis — 2 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Nov, 1954, to 9 Nov, 1954, that I last saw the deceased alive on 9 Nov, 1954, and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland, Md DATE SIGNED 10 Nov 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Nov-11-54 NAME OF CEMETERY OR CREMATORY Thayerville MD LOCATION (City, town, or county) Thayerville MD (State)

DATE REC'D BY LOCAL REG. Nov 11-1954 REGISTRAR'S SIGNATURE Julia Stowaz LR
24. FUNERAL DIRECTOR Emory Boiden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10464 10465

Item 7, Film 174 12-6-54 et

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 111 Pennsylvania Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARY AGNES POLAN

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 17 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: JAN-18-1879
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): INDEPENDENCE WVA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: MINOR SHAHAN.
14. MOTHER'S MAIDEN NAME: SUSAN LUZABER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: WILLIAM POLAN CUMBERLAND, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days?

ANTECEDENT CAUSE (S) DUE TO (B) Art. C. V. D. — years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

26 (X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 March 1953, to 16 Nov., 1954, that I last saw the deceased alive on 16 Nov., 1954, and that death occurred at . M, from the causes and on the date stated above.

SIGNATURE Thomas O Lusby MD M.D. ADDRESS Oakland, Md DATE SIGNED 11-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Nov. 20, 1954
NAME OF CEMETERY OR CREMATORY: Knight of Pythias
LOCATION (City, town, or county): Newburg, W Va (State)

DATE REC'D BY LOCAL REGISTRAR: 11/18/54
REGISTRAR'S SIGNATURE: Julia Stowan LAWH
24. FUNERAL DIRECTOR: Knight, Cumberland, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-5

RECEIVED
NOV 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10465

11547

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) SAVAGE
4. DATE OF DEATH (Month) NOV. (Day) 26 (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH NOV. 11, 1954
9. AGE last birthday yrs. If under 1 year Months. Days 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME SAVAGE, EDWIN DALE
14. MOTHER'S MAIDEN NAME HARTMAN, MARION FAYE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT EDWIN DALE SAVAGE, FATHER, FRIENDSVILLE MARYLAND.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PREMATURITY (7 MOS.)	15 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1954, to 11 26, 1954, that I last saw the deceased alive on 11-25, 1954, and that death occurred at 4:44 A.m., from the causes and on the date stated above.

SIGNATURE James H. Feaster (Degree or title) Jr. M.D. ADDRESS 58 2nd St. Oakland. Md DATE SIGNED 11.26.54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE NOV-26-1954
NAME OF CEMETERY OR CREMATORY OAK GROVE
LOCATION (City, town, or county) (State) NEAR McHENRY MD.
DATE REC'D BY LOCAL REG. 11/26/1954
REGISTRAR'S SIGNATURE Alice Rowan L.R.
24. FUNERAL DIRECTOR Emroy Boldin ADDRESS OAKLAND MD.

20X4213292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10466

10466

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Keiser Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural, give location) Mt Lake Park. Md

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) Turney (Last) Smith

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 4-1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 6 Days 4 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrett Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jonas Turney

14. MOTHER'S MAIDEN NAME: Susan Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Sclerotic Heart Disease & Hypertension — 10 yrs

DUE TO Obesity

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 1954, to 11-5, 1954, that I last saw the deceased alive on 11-4, 1954, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James H. Tenato Jr. M.D. 68 2nd St. Oakland, Md 11-5-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11-7-54

NAME OF CEMETERY OR CREMATORY: Cove Cemetery

LOCATION (City, town, or county) (State): Cove. Md

DATE REC'D BY LOCAL REG.: 11/6/54

REGISTRAR'S SIGNATURE: Julia Lowan L.R.

24. FUNERAL DIRECTOR: T. H. B. Rishebarger, ADDRESS: Addison Pa

RECEIVED
NOV 30 1954
BUREAU V. S.